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Office Use Only



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3/11/21

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
UBJECT: MEGAN MAE ENTERIGITSES, LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following:
BURTON LANDAU ESQ. Name of Person SOUTH FLORTING LAW, FLLC Firm/Company
1920 E. HALLANDALE BCH BLUD. #702
Gity/State and Zip Code Bunton Co South Floridal on PLLC. Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
BURTON LANDAU ESA at (951) 900 SESS Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 JAN 21 PM 6: 18

		ny as it now appears on o	ur record.	RETARY OF LLAHASSES	STATE E.FL
The Articles of Organization for this Limited Liz Florida document number 190028213	ability Company	were filed on 1117	12019	and assigne	d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	llity company here:	Alu		
The new name must be distinguishable and contain the we	ords "Limited Liabil				 -
Enter new principal offices address, if applica	ıble:	BAY City	outh Huzo	n \$'9'	
(Principal office address MUST BE A STREE)	T ADDRESS)	BAY City	MI	18706	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <u>OX)</u>	3800 So BAY CIty	WH HU	ron Rd. 18766	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our record	is, <u>enter the nan</u>	<u>ie of the new re</u>	<u>gistered</u>
Name of New Registered Agent:		L. Floriba			 ,
New Registered Office Address:	920	Enter Florida st	IDALE BC	11 B/w.	井701.
	HALLE	υ δαιζ City	, Florida	33207	
Name Donald a constant and a second a second and a second a second and		Cuh.		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMER	STEVENS, MEGAN	1451 Brickell Ave	□Add
		Unit 1103	GRemove
		Miani, FC 33131	(I) Change
			Dadd
			□Remove
		· .	[I]Change
			Cladd
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er it the date ins	ther than the date of sted, the date must be speci serted in this block does a date on the Departmen	s not meet the applica	o date of filing or more ble statutory filing a	(optional) than 90 days after filing, equirements, this date	Pursuant to 605,020 will not be listed a
i filed.	delayed effective date, b			the earlier of: (b) Th	e 90th day after th
10 JAUU	Megan	2021	- ·		
	Maga	e of a member or althor	ized representative of	a member	

Filing Fee: \$25.00